

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2111

JAN 20 1937

1. PLACE OF DEATH

County Jefferson
Township Jackson
City St. Louis (No. 1)

Registration District No. 508
Primary Registration District No. 5675

File No. 6
Registered No. 6
St. 1 Ward 1

2. FULL NAME

Olmer C. Cbers

(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-13-1867

7. AGE YEARS 72 MONTHS 11 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Jan 1900
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Olmer Cbers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Henrietta Delaplane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Harry Cbers (ADDRESS) Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interred PLACE Lebanon, Mo. DATE Jan-8-1937

19. UNDERTAKER Joseph Gordon (ADDRESS) Lebanon, Mo.

20. FILED Jan 8 1937 Should be filed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-7-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to Jan 7 1937
I last saw him alive on Dec 30 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Date of onset Jan 1900

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) W. C. C. C., M. D.
(Address) Lebanon, Mo.

